

Harris (81)

ABSTRACT OF REPORT

UPON

General Health Laws and Local Ordinances,

With Reference to State and Local Sanitary Organization.

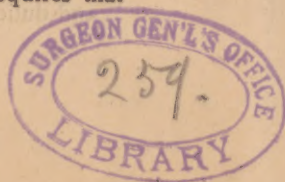
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The framing and administration of sanitary laws and regulations in the various states and municipalities of North America, should conform to the somewhat various and changing conditions of the areas and methods of the civil government. Cities and large villages throughout this continent maintain as strict independence as they possibly can in affairs of their local government. This, and other circumstances may tend to delay the enactment of general laws or a general sanitary Act in numerous States. But such general laws can readily be obtained in each State in which the friends of sanitary improvement cordially agree upon the points that should be attained, and upon the most economical and effectual methods of administration, by which the desired results may be accomplished.

A central source of information and of advisory, as well as ultimate authority should be created and put into operation in connection with local authorities. Hence it is, that we witness now the working of the Boards of Health under general sanitary laws, as well as good local sanitary organization, in some of the newest of our States, as in Minnesota and California. New machinery of government may be more readily adjusted than old parts, re-cast, can be adjusted or harmoniously worked. Thus, in some respects, the friends of sanitary improvement in the newer States may be the first to succeed in their efforts.

As the progress of sanitary improvement plainly requires that



there shall be an effective system of State organization and a new and well regulated method of local sanitary administration, the following points appear to be vitally important to the success of such plans of progress.

THE AREAS OF ADMINISTRATION.

That the *General Sanitary Act* shall specifically require that every *township or every county* shall organize a local Board of Health, to give effect, as far as necessary, to the requirements and duties under the General Act. There is much reason to believe that the county area and the established and permissible methods of county administration, in most of the American States, will constitute the most natural and acceptable *unit*—geographically and civilly—for the local sanitary administration of communities; and that towns and villages will, in most of the States, quite naturally and effectively organize and administer their own respective health duties in connection with—often as parts of—the county system. One thing is certain, namely, that there should be thorough organization upon that civil and geographical basis which will afford greatest facility of efficient sanitary duties, and in the settlement of questions that may involve general expenditure, and some form of general authority for protecting the public health. This is witnessed in the duty of applying measures for protection against small-pox, and some other diseases, and for securing necessary drainage of malarial districts, the preservation of sources and of the purity of water supply, etc.

THE PRIMARY AREAS.—LOCAL SANITARY DISTRICTS.

The geographical extent and civil competency of the *primary areas* of sanitary administration will be found to have an important bearing upon the final success and economy of sanitary improvements. The experience of the Board of Health and Vital Statistics of Richmond County, N. Y., can be quoted as an illustration of the utility and popular success of county organization, and of uniting every town and village of a county in supporting the organization and duties of the Board.

That the areas of sanitary administration—as regards the several branches and purposes of the public health service—should correspond with the best arrangements of the civil government of town, village, county, and State, would seem to require no argument ; but we may properly urge that in respect of all duties which relate to the prevention of general causes of disease, the spread of contagious and pestilent maladies, the provision for and the supervision of vaccination, the application of quarantine or any restrictive sanitary regulations, the sanitary management of general drainage, and the supervision of returns and registration of Vital Statistics, the *areas of administration* should be determined by those limits and considerations which will secure the most perfect results and the largest degree of popular and intelligent support from the people.

STATE ORGANIZATION ESSENTIAL TO LOCAL EFFICIENCY.

Practically considered, the chief benefits from sanitary government will be insured most completely and permanently only when and where the masses of the people become interested, and will aid in giving such success. This, however, does not imply that each hamlet and town, much less that every little neighborhood, should be left to itself, to become a nest of pestilence, or to produce cretans and consumptive paupers, by neglecting sanitary obligations that concern the county and the State. It was of the debased and ignorant sufferers from neglected drainage and cleanliness, and from domestic insalubrity, that Mr. Ruskin wrote when he exclaimed, “. . . They resist every effort to lead them into purity of habit and habitation, and to give them wholesomeness of air, as new interference with their liberty, . . . insisting on their right to helpless death.” Such pestilence-breeding neighborhoods or premises must be brought under saving sanitary regulations. County and State sanitary authorities need to be required, under General Health Laws, to co-operate in giving any necessary enforcement to such regulations in any community, place, ground, or building that seriously endangers the public safety or the health and welfare of defenceless persons.

The duty and adequate authority to organize the Local Boards of Health, and to administer the various and proper functions of such

Board, being conferred upon the "supervisors," "chosen freeholders," or other chief civil authority in the county (or in the town, or in the incorporated village, as the case may be), the central Board of Health of the State should be adapted and required to give completeness and efficiency to Health Laws.

THE REGISTRATION OF VITAL STATISTICS.

The maintenance of a proper system of Registration of Vital Statistics in the State requires that the primary returns of such Statistics in every county, and, if practicable, in every town, should be supervised by the local sanitary authority. It is our duty to urge this function upon local sanitary authorities, and upon the States that have not yet organized a system of Vital Registration. It is confessed to be the special want, now, of the English Registration system. It is obviously the want of the State systems, thus far, in our country. The original vouchers, and the methods of the records for public registration of Vital Statistics need to be under the skilled supervision of the local sanitary authority, near to the sources of such vouchers and records.

The final and central revision of the State Registration of Vital Statistics should be supervised by the State Board of Health, and, through the agency of that Board, the most directly useful purposes and publicly important information of the Registers should be sought and published. Whether the State system of Registration is treated as a bureau of the Department of the Secretary of State or otherwise, still it needs the supervision of expert officers of public hygiene. The local registration especially requires such supervision, and no methods of vital registration will be satisfactorily correct, as respects the records of diseases and mortality, unless such local as well as central supervision is provided.

Uniformity in practice, and comparable results, can be secured in the methods and system of registration of Vital Statistics, and of the records of disease and of epidemic phenomena throughout all the States of North America whenever each State has a central Board of Health with reasonable supervisory authority over the Vital Registration. Such uniformity is greatly to be desired, and it appears

to be the duty of all such sanitary authorities, in the United States, as already direct the public registration of Vital Statistics, to agree upon this duty of giving the highest practicable degree of uniformity to the methods and periodical abstracts of their registration.

DEFINITION OF PROCEEDINGS AGAINST NUISANCES.

The abatement, control, and prevention of *Nuisances* being uniformly recognized as a duty of sanitary authorities, it is desirable that in each state and city, and in all sanitary Acts and Codes there should be a reasonably uniform and strictly correct specification and definition of the term "nuisance" and its special applications in Health government. Evasion of the duty of obedience to sanitary laws, and the injurious perpetuation of nuisances detrimental to health and life, will become less and less frequent whenever there are positive definitions and specific declarations of nuisances against health, which, in every community, shall be abated and prevented. The power and duty of the Board of Health to declare the existence and order the abatement of whatever it finds to be a nuisance, should be undisputed, but the people generally must be allowed ample opportunity to understand the reasons and nature of the proceedings against nuisances. The provisions of a Sanitary Code ought not to be arbitrary. The importance of inciting the interest, inquiry and support of the people, in proceedings against nuisances, should be understood by the legislative authorities or persons who frame the sanitary laws and ordinances. The provision that should be made in every Sanitary Code to give patient and sufficient "*hearing*" to persons prosecuted or enjoined under the health laws, should be so framed and so used as to become a means of publishing the most important kinds of sanitary information and evidence.

POPULAR INSTRUCTION IN PHYSIOLOGY AND HYGIENE.

Instruction in Human Physiology and Hygiene in the course of public school education and in all colleges and seminaries, would conduce to the prevalence of public regard for sanitary duties. Teachers of the public schools should be required, under the State laws relating to public health as well as those relating to public in-

struction, to sustain an examination in Physiology and Hygiene. The local Boards of Health should have authority to inspect all school rooms, and to advise with the Boards of Education concerning matters affecting life and health.

The State and local Boards of Health should be required by law to make a faithful sanitary inspection and inquiry in every Hospital, Medical Dispensary, Asylum, Reformatory, and Penal institution every year, and as much oftener as circumstances may warrant; and such inspections and duties should be carefully supervised in some degree by the State Board of Health aided by counsel or information given by the State Board of Public Charities. A chapter in each yearly Report of the Health Boards,—State and local,—should comprise a careful statement of results, etc., in this class of duties.

The usefulness, dignity or permanent influence and success of the Local sanitary authority will be promoted if the State authority and aid can be extended to the Local officers, when proper, in matters of local inspection and inquiry upon subjects of general as well as local interest. The purpose and duty of harmonious co-operation between the State and Local Boards should be obvious to the people. By such influences may the people be kept interested in the sanitary duties that pertain to their own localities and affairs.

The centralization of authority relating to the administration of sanitary laws may become desirable at some future time, but it would be impolitic and contrary to the well known preferences of the people and the usages of civil government in the primary areas of political or civil organization, to control the administration of Health Laws so as to fail to incite and even require the inhabitants to maintain and obey local authority.

STATE BOARDS OF HEALTH.

The experience and example of the central Board of Health in each of the six States that has organized such a State Board may now serve as useful guides to the successful organization of a State Board of Health, in each State that will seek to establish a General Sanitary System. Each State may require to have various and essential modifications of any framework of a General Sanitary Act that

might be perfectly adapted to another commonwealth. The State Law on this subject in Minnesota would not be completely adapted to the necessities or certain existing statutes and necessary usages in New York, or in Massachusetts, nor would the Massachusetts Law answer for Minnesota, Michigan, Virginia and California. It will be seen, upon examination of the annexed outline of the special Acts under which each of the five State Boards has respectively, been established, that the friends of sanitary improvements in each State, will manifestly need carefully to forecast the amount of general and intelligent co-operation which the people will put forth in the duties of sanitary administration. The law itself may and always should be an educator, but the laws and ordinances that are successful as educators must be so framed and administered as to elicit popular and exact inquiries and increase the general knowledge and appreciation of the objects for which such laws exist.

The vital importance of Local Sanitary Authority is already exemplified in every State of the Union : and the fact must be conceded, that the faithfulness, efficiency, and permanency of good influence of the Local Boards of Health in the rural districts, as well as in most larger towns, cannot be thoroughly secured without the central influence and certain kinds of authority of the State Board.

Thus far each one of the State Boards, has succeeded in awakening in the communities of the State an increased regard for the right and duty of every district, town, and neighborhood, to invoke the continued aids of law and instruction, to protect the interests of life and health.

A concise Digest and Comparison of the leading features of the special Acts by which the State Boards of Health have been established in six States of the Union.

STATE OF MASSACHUSETTS.

[By Act passed in June 1869.]

"Seven persons shall constitute the Board of Health, and Vital Statistics," appointed by the Governor, "with advice and consent

of the council," and hold office for seven years, one appointment or re-appointment being made every year.

"Sanitary investigations and inquiries in respect to the people, the causes of disease, and especially of epidemics," constitute the chief duty of the Board. It also advises the government in regard to the location of public buildings. The Secretary is the executive and only salaried member of the Board.

BOARD OF HEALTH OF LOUISIANA.

There are nine members of the Board, a majority of whom are appointed by the Governor, and minority of the Municipal Council of New Orleans. This Board has full authority over all matters relating to "Quarantine for the protection of the State." It also has charge of the Sanitary Police and Health government of New Orleans.

The powers of this Board are inadequate to the peculiar exigencies that are associated with the nature of yellow fever epidemics. But the chief defect in the State Sanitary powers of La., is that they do not require the establishment of local Health Boards in all the Parishes of the State.

The Louisiana State Board of Health has not been commissioned or empowered to enter upon hygienic inquiries or the general duties which characterize the Massachusetts Board of Health.

STATE BOARD OF HEALTH OF CALIFORNIA.

This Board was organized in 1870. It consists of seven physicians, who hold office for four years. Their appointment is vested in the Governor alone.

The functions of this Board are defined in the same concise, and general phraseology, as are those of the Massachusetts Board of Health, and by the Act its members were instructed to devise and report "some scheme whereby medical and vital statistics of sanitary value may be obtained."

STATE BOARD OF HEALTH OF MINNESOTA.

This Board was organized in the Spring of 1873. It consists of

seven physicians, who hold office four years, under appointment from the Governor.

The State Board is required to "place themselves in communication with local boards of health, the hospitals, asylums, and public institutions throughout the State," and "take cognizance of the interests of health and life among the citizens generally." To these duties are added all the functions which Massachusetts, Louisiana and California have respectively assigned their State Boards of Health.

A supplementary Act has enjoined upon every town and city in the South, the duty of establishing a local board of health ; and the State Board is authorized to enforce this duty, and required to advise, and aid the local board.

The Secretary of State, who has general charge of vital statistics, under an old law, is required to seek the counsel, and aid of the State Board of Health in the Bureau of Vital Registration.

STATE BOARD OF HEALTH OF VIRGINIA.

Organized in the Spring of 1872, and consisting of seven members, all of whom must be physicians, three being residents of the city of Richmond, and four from different sections of the State, this "Board of Health and Vital Statistics" was set at work, with the strict injunction that it "shall not in any way be a charge upon the State." Its functions are precisely like those of the State Board of California.

STATE BOARD OF HEALTH OF MICHIGAN.

THIS Board was organized this year. The phraseology of the Act to erect the Board, and define its functions is so well adapted to aid the deliberations of the Public Health Association, that the chief sections are here quoted. It needs to be mentioned here that other laws in Michigan provide local boards of health to establish a system of Vital Statistics :

"SECTION 1. *The People of the State of Michigan enact*, That a board is hereby established which shall be known under the name

and style of the "State Board of Health." It shall consist of seven members as follows : Six members who shall be appointed by the Governor with the consent of the Senate, and a secretary, as provided in section four of this act. The six members first appointed shall be so designated by the Governor that the term of office of two shall expire every two years, on the last day of January. Hereafter, the Governor, with the consent of the Senate, shall biennially appoint two members to hold their offices for six years, ending January thirty-first. Any vacancy in said board may be filled, until the next regular session of the Legislature, by the Governor.

"SEC. 2. The State Board of Health shall have the general supervision of the interests of health and life of the citizens of this State. They shall especially study the vital statistics of this State, and endeavor to make intelligent and profitable use of the collected records of deaths and of sickness among the people ; they shall make sanitary investigations and inquiries respecting the causes of disease, and especially of epidemics ; the causes of mortality, and the effects of localities, employments, conditions, ingesta, habits and circumstances on the health of the people. They shall, when required, or when they deem it best, advise officers of the government, or other State boards, in regard to the location, drainage, water supply, disposal of excreta, heating, and ventilation of any public institution or building. They shall from time to time recommend standard works on the subject of hygiene for the use of the schools of the State.

"SEC. 3. The board shall meet quarterly at Lansing, and at such other places and times as they may deem expedient. A majority shall be a quorum for the transaction of business. They shall choose one of their number to be their president, and may adopt rules and by-laws subject to the provisions of this act. They shall have authority to send their secretary, or a committee of the board to any part of the State, when deemed necessary to investigate the cause of any special or unusual disease or mortality.

Sections 4 and 5 provide for the election and services of a Secretary, and specify his functions under the Board.

Sections 6 and 7 relate to expenditures.

"SEC. 8. It shall be the duty of the health physician, and also of the clerk of the local board of health in each township, city, and village in this State, at least once in each year, to report to the State Board of Health their proceedings, and such other facts re-

quired, on blanks and in accordance with instructions received from said State board. They shall also make special reports whenever required to do so by the State Board of Health.

"SEC. 9. In order to afford to this board better advantages for obtaining knowledge important to be incorporated with that collected through special investigations and from other sources, it shall be the duty of all officers of the State, the physicians of all mining or other incorporated companies, and the president or agent of any company chartered, organized, or transacting business under the laws of this State, so far as practicable, to furnish to the State Board of Health any information bearing upon public health which may be requested by said board for the purpose of enabling it better to perform its duties of collecting and distributing useful knowledge on this subject.

"SEC. 10. The Secretary of the State Board of Health shall be the superintendent of vital statistics. Under the general direction of the Secretary of State, he shall collect these statistics, and prepare and publish the report required by law relating to births, marriages, and deaths."

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